**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700000091

1. Corporation Name

FLORIDA KEYS ART GUILD, INC.

Principal Place of Business

Mailing Address

275 51ST STREET. OCEAN MARATHON FL 33050

POST OFFICE BOX 501382 MARATHON FL 33050

## **FILED** Mar 16, 1999 8:00 am secretary of State

03-16-1999 90021 001 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address			Date Incorporated or Qualifed				
21		26			01/08/1997				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For			
22		27			65-0721573	Not Applicable			
City & S	tate	City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
23		28				<del></del>			
Zip	Country	Zıp	Country		6. Election Campaign Financing	\$5.00 May Be			
24	25	29	30		10. Name and Address of New Registere	Added to Fees			
<u> </u>	9 Name and Address of Curre	nt Registered Agent	81	Name	. Name and Address of New Registere	a Agent			
İ			0						
GREENMAN, FRANKLIN D 5800 OVERSEAS HIGHWAY STE 40				82 Street Address (P.O. Box Nuncor is Not Acceptable)					
				83					
MARATH	ION FL 33050		63						
			84	City	F	85 Zip_Code			
office o	or registered agent, or both, in the State	e of Florida. Such change wa	as authorized by	the corporati	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	pointment as registered			
agent.	I am familiar with, and accept the oblig	ations of, Section 617.0503,	Florida Statutes						
SIGNATUR	E				part when reinstating) DATE				
40	Signature, typed or printed name of registered ag	ent and title if applicable (*) ND DIRECTORS	NOTE Registered Ager	it signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12			
12.	D OFFICERS A	IND DIRECTORS			) - P	☑ Change ☐ Additio			
TITLE	MILLER, WILLIAM		12 NAME	"	SHERRY DAVIS				
NAME	**** OVEDOCAO 1848V			T ADDRESS	2697 SAMBRERO BLUD				
STREET ADDRE			· ·	1	MARATHON FL 3305D				
CITY-ST-ZIP	MARATHON FL 33050	FT DELETE	1.4 CITY-S 2.1 TITLE		) <b>-5</b>	Change Additio			
TITLE	T	E DCLLIC	2 2 NAME	1	ADELE NEWMAN				
NAME	ANDERSON, DORIS		23 STREET	T 40000000	302 CORTE DE LUNA				
STREET ADDRE	ss 1454 51ST STREET GULF MARATHON FL 33050		2.4 CITY-S		MARATHON FZ 33050				
CITY-ST-ZIP	D MARATHON PL 33030	☐ DELETE		51-ZIP	7-6	Licinge Additio			
TITLE	<b>"</b>	_ JULI	32 NAME	1	<b>.</b> .				
NAME	MERLE, WAGNER ss 112 MOCKING BIRD LANE		33 STREE	T ADDRESS					
STREET ADDRE			33 STREE 34 CITY-9						
CITY-ST-ZIP	MARATHON FL 33050	□ TI DELETE		31-ZIP		☐ Change ☐ Hoditio			
TITLE	WALTER R. FERRI	2 41	4 2 NAME						
NAME	1.5 TINGLETE LA		4 3 STREE	T ADDRESS					
STREET ADDRE	MARATHUM FL 33	3050	4.3 STREE						
CITY-ST-ZIP	<del>f</del>	□ DELETE		ZIF		☐ Change			
TITLE	JOYCE GINESI	C 0000 10	5 2 NAME			- ·			
NAME ATREET ARREST	JOYCE GINESI		53STREE	T ADDRESS					
STREET ADDRE	MARATHUM FL 33	257)	54 CITY-S	1					
CITY-ST-ZIP	THITGHITION [L 33	☐ DELETE		-		☐ Change ☐ Additio			
TITLE		C percit	62 NAME			<u> </u>			
NAME			63 STREE	T ADDRESS					
STREET ADDRE	SS								
CITY-ST-ZIP	1		6.4 CITY-S	1 · ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agruence and accurate and mat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the carporation on the receiver for fustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, drop an attachment with an address with all officer with empowered.

SIGNATURE:

CITY-ST-ZIP